

**OFFICE OF CONGRESSMAN EARL BLUMENAUER  
APPROPRIATIONS REQUEST FORM  
FISCAL YEAR 2011**

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**Project Details**

**1. Project title:**

Oregon Vital Events Registration System (OVERS) State Medical Examiner's module

**2. Organization name and address (the recipient of the funds):**

Department of Human Services, Office of Disease Prevention and Epidemiology, Center for Health Statistics in collaboration with the Oregon State Police, State Medical Examiner's office.

**3. Contact information**

a. **Project's primary contact:** Jennifer A. Woodward

b. **Daytime telephone number/ mobile phone number:** 971-673-1185, [REDACTED]

c. **Email Address:** Jennifer.A.Woodward@state.or.us

d. **Project location** (if different than organization's address):

Center for Health Statistics  
800 NE Oregon Street, Suite 225  
Portland, OR 97232

**4. Please describe the requesting organization's main activities.**

The Center for Health Statistics is part of the Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology. We provide direct services to customers by providing vital records as needed. Our office is responsible for registering, certifying, amending, and issuing Oregon vital records. Oregon law requires that all vital events such as births, marriages, divorces, fetal deaths, and deaths be permanently recorded and registered. These are the legal records documenting a vital event and, in the case of birth certificates, are the primary documents used to establish identity. The Center for Health Statistics also amends records to establish paternity, as well as processing adoptions and corrections.

The Center for Health Statistics is responsible for maintaining approximately 6 million vital records. Birth and death records have been filed with the state since 1903. Marriage records have been filed since 1906, divorce records since 1925, and fetal death records since 1919.

**5. Is this organization a public, private non-profit, or private for-profit entity?**

Public

**6. From what federal agency and account are you requesting funds (Please be specific –e.g., Department of Housing and Urban Development, Economic Development Initiatives account)?**

DHHS-Centers for Disease Control and Prevention

**7. Briefly describe the activity or project for which funding is requested (no more than 500 words).**

This project is a collaboration with the State Medical Examiner's office to incorporate the Medical Examiner reporting system for death investigations into the state of Oregon's current Electronic Death Registration System.

**8. What is the purpose of the project? Why is it a valuable use of taxpayer funds? How will the project support efforts to improve the economy and create jobs in Oregon?**

This purpose of the project is to incorporate the Medical Examiner reporting system for death investigations into the state of Oregon's current Electronic Death Registration System. This project will improve timeliness of death reporting, improve the quality of death data reported by Medical Examiners, and facilitate death reporting by Medical Examiners in emergencies. By improving timeliness of death reporting, families are able to get copies of death certificates faster, which will allow them to settle their affairs of their loved ones quickly.

This is considered a new IT project and would allow the state to hire additional staff to provide Project Management and training.

**9. Has this project received federal appropriations funding in past fiscal years?**

No

### **Funding Details**

**10. Amount requested for this project:** \$500,000

**11. Breakdown/budget of the amount you are requesting for this project (e.g., salary \$40,000; computer \$3,000):**

\$300,000 to develop the Medical Examiner module for the Electronic Death Registration system. Development of the module will be completed by software vendor currently contracted with the State of Oregon.

\$200,000 for project management and Information Technology staff, as well training, user support and maintenance.

**12. What is the total cost of the project?** \$500,000

**13. Is this project scalable (i.e., If partial funding is awarded, will the organization still be able to use the funds in FY 2011?)?**

Yes

**14. What other funding sources (local, regional, state) are contributing to this project or activity? (Please be specific about funding sources and funding amounts)**

State Medical Examiner's office may be requesting funds from the Oregon Legislature.

**15. Please list public or private organizations that have supported/endorsed this project.**

Oregon State Police, State Medical Examiner's office